ARIZONA FORM 200

Request for Innocent Spouse Relief and Separation of Liability and Equitable Relief

Do not file with your tax return.

Send this form to:

Arizona Department of Revenue, Individual Income Tax Audit, Attention: Form 200, 1600 West Monroe, Phoenix, AZ, 85007-2650, but if you are meeting with a department employee or you received a department notice of deficiency, see page 1 of the instructions.

'OU	IR FIRST NAME AND INITIAL	LAST NAME			YOUR SC	OCIAL SECURITY NUMBER	₹
PRE	SENT HOME ADDRESS - NUMBER AND STREET, R	URAL ROUTE	APT. NO		DAYTIME (PHONE NO. (optional)	
H	, TOWN OR POST OFFICE	STATE	ZIP CODE			,	
n y nan Bef	TE: Do not use Form 200 to make an in your joint return was, or is expected to be, ice, or debts owed to another Arizona state fore you begin, you need to understand the Separation of Liability • Joint and Several Liability TE: The department can help you with you	applied against your agency. <i>If you are</i> be following terms. So Innocent Spous Understatemen	spouse's past-due s an injured spouse ee instructions for d se Relief it of Tax	state taxes, of a see the not lescriptions. • Equitable F • Underpayn	child sup te on pa Relief nent of Ta	port or spousal maint nge 1 of the instructi	e- ions.
elp, or you can call (602) 255-3381, or toll-free from area codes 520 and 928, call (800) 352-4090. Enter the year(s) for which you are requesting relief from liability. See instructions							
F	PRESENT HOME ADDRESS - NUMBER AND STREE	T, RURAL ROUTE	APT. NO		DAYTIME (PHONE NO. (if known)	
_	CITY, TOWN OR POST OFFICE NOTE: If you have only an underpaymen	STATE	ZIP CODE			,	
If you have an understatement of tax due to erroneous items of your spouse or former spouse, you may be allowed Innocent Spouse Relief. Attach a statement as explained on page 2 of the instructions and check here							3
PLEASE SIGN HERE	Under penalties of perjury, I declare that I have knowledge and belief, they are true, correct ar preparer has any knowledge. Paul Paul Paul Paul Paul Paul Paul Paul	nd complete. Declaratio	DATE FIRM'S NAME (PREPA	an taxpayer) i NRER'S IF SELF	s based o	nn all information of whic	ly ch
	PAID PREPARER'S TIN DATE	PAID PREPARER'S A	ADDRESS (number and s	street, city or pos	st office, sta	ate, zip code)	